

CENTRON SECURITY SERVICES

Daily Security Report

Client No.	At .								. •		
20,36 Chent		uA+	ERIAL	5			Location	06. 50			Date
Facility Detex Clock Weapon No.	Hol	ster N	ghtsrick	Raiscoat	Flashligi	nt /	Other	C) COE GC	OT UT	/CA	WY 1/9/8.7
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Shift	Pay Shift (Name)	Jan	<u> </u>	Shift	cer—sygng Shift	Fuo Mali	GATE P	St. Ut.	r-Grave Si	Book - RADIO int (Name) ick Mokozki
Observations or actions taken	Began Yes	140	AM-PM Ended Explai		AMPM Bega		AM-FM)	Explanation		121	A AM-PM Ended & AM-PM
Rounds or stations missed		~	· · · · · · · · · · · · · · · · · ·					CAPIBILATION	162	NO	Explanation
Unlocked doors, gates or windows		U				1				1	
Unlocked vaults or safes		4				V					
Fire-smoke-or hazards		e		•		1/				1	
Extinguishers missing or defective		-				1/				1,	
2. Sprinkler system defective		,				1//				1	
3. Fire doors or exits blocked		-				./				1	
4. Rubbish accumulation		7				1/				,	
5. Motors running		-		,					· · · · · · · · · · · · · · · · · · ·		
6. Lights left burning		-				1					liants out and
Injury hazards							,				LIGHTS OUT 0515.
Visitors											A Una a real ocale
Trespassing											OHM & EPA PEOPLE
Violation of company rules		<u> </u>								1	
Remarks				-	··				<u>.</u>	1	
			· · · · · · · · · · · · · · · · · · ·		-						
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IMPORTANT: If you were ill or injured pla	ease explair	n on the revi	erse side of this f	orm and call yo	our supervis	or before leavi	ng this post.				_
1. Were you injured during this tour?		Day Shii Yes	1	No 2.	Yes No	3. Swing Shif Yes	No 1 Yes	No Ye		ave Shift	Yes No Yes No
2. Did you suffer any illness?		Yes	(No Yes		Yes No	Yes	No Yes	No Yes			
3. Have you reported all accidents coming to	your attention		No Yes		Yes No	Yes	No Yes	13900 /	/		Yes No Yes No
	Sign	Day Shif atures 1	John J	long	,	Swing Shift 1	Brown	Malla	mag !	ave Shift	ick Yokosski
	Sign	atures 2		90		2			2		
	Sign	natures 3.				3			3		439213